

## **CORRECTING INFORMATION** PREVIOUSLY REPORTED

## **Corrections To Data Submitted Electronically Or Magnetically**

Replacement files will be accepted electronically via dial-up and on magnetic tape or diskette.

Before transmitting a correction file to our bulletin board system, please call the Sysop at 608-266-0528.

Please mail correction tapes and diskettes to:

DWD - UI Wage Record P. O. Box 7962 Madison, WI 53707

Please be sure to clearly label correction tapes and diskettes as replacement data and indicate the quarter/year the data replaces.

If only a few adjustments are necessary, please do not send a replacement file, but instead report your adjustment on paper as instructed below.

## **Corrections To Information Submitted On** Paper Reports

Corrections to the NAME and/or SOCIAL SECURITY NUMBER should be specified in a letter or on separate printouts. Include and clearly define both the incorrect information and the correct information so the employee record can be located in our files.

Corrections to an employee's reported quarterly gross wages should be made using our Wage Adjustment Report. To order copies of our Wage Adjustment Report, call 608-266-6877 or e-mail wagenet@dwd.state.wi.us.

Mail correction letters, printouts, and Wage Adjustment Reports to:

> DWD - UI Wage Record P. O. Box 7962 Madison, WI 53707

DO NOT correct employee wages for a prior quarter on the current quarterly report. Enclose a separate note, letter or Wage Adjustment Report indicating the correction. Be sure to include your employer account number, the social security number(s) of the employee(s) and the quarter(s) involved.

4.23 May 2006

Caretridar Tear.   Ul Account Number   Employer Name   Employer Address	Adjustments For	'n		>	age Adju	Wage Adjustment Report	eport			Madison	Madison, WI 53707
3. Last Name 4. First Name 5. Reported 6. Correct 5. Reported Wages Wages Wages Wages Wages Wages September 8. Correct 5. Reported Wages W	Account Number		Ul Account Num	oer .	Emp	loyer Name				900)	700-007
3. Last Name 4. First Name 5. Reported 6. Correct 5. Reported Wages Wages Wages Wages State of the correct of t	mployer Address										
3. Last Name A. First Name Wages Wag				1st Quarter	ending 3/31	2nd Quarter	ending 6/30	3rd Quarter	ending 9/30	4th Quarter	4th Quarter ending 12/31
	A. Social Security Number	3. Last Name	4. First Name	5. Reported Wages	6. Correct Wages	5. Reported Wages	6. Correct Wages	5. Reported Wages	6. Correct Wages	5. Reported Wages	6. Correct Wages
			,								
7. Signature Date Signed Title	Signature			Date Signed		Title				Phone Number	